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MONTANA STATE DEPARTMENT OF HEALTH
Communicable Disease Notes and Comments
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Martin D. Skinner, M.D., Editor

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Congenital Rubella Surveillance

Do you know of any children with congenital rubella defects? Have you helped care for any? Any born on or after January 1, 1966?

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We are presently endeavoring to estimate the incidence of congenital rubella during the past 4 years, since the close of the 1964-1965 epidemic. Many persons connected with Child Health Services and other agencies involved with congenital malformations and handicaps have been helpful in trying to trace and investigate possible cases. We also need the help and cooperation of physicians and nurses throughout the state, in order that this study be as accurate, reliable, and inclusive as we can make it.

If you are, or were, caring for a child born on or after January 1, 1966, in whom the diagnosis of congenital rubella is or has been suspected (or proven), would you let us know, either by mail, or by calling us at (Helena) 449-2645. We will contact you later for more information on the child (the accumulated clinical information will be kept on file in Helena as a Congenital Rubella Central Register).

The efficacy of a rubella immunization program necessarily and ultimately depends on a reduction of incidence or eradication of congenital rubella cases. Such a baseline incidence as we are trying to establish is needed to gauge, and evaluate, the efficacy of rubella immunization.

Laboratory Confirmation of Congenital Rubella

The diagnosis of congenital rubella is best made through serological testing of paired sera from the infant and a specimen from the mother.

Transplacentally acquired rubella HAI antibodies will be present in an infants blood if the mother has circulating HAI antibodies. Maternal antibody in an infant decreases roughly in a linear fashion to absent or undetectable levels by 6-9 months; the time period required seems to be directly related to the height of antibody titer at birth. Postnatally acquired rubella is rather uncommon during the first 3-4 years of life, so the presence of rubella HAI antibodies in a child between the ages of 6 months and 5 years is strong evidence in favor of congenital rubella (in the absence of a clear history of clinical acquired rubella).

Serum specimens are required from the mother and the child for laboratory diagnosis. In addition, if the child is less than 6-9 months old, a second speciman is required a few months later.

In such testing of paired specimens, a normal result should be a definite, significant drop in antibody titer. If the titer rises between the two specimens, this is excellent evidence of a congenital infection (again in absence of a clear history of acquired rubella--which would be a rare occurrence). Stable titers between the two specimens suggest strongly the diagnosis of congenital rubella, but are perhaps not as confirmatory as a significant rise in titer.

These tests are available from the microbiology laboratories, Montana State Department of Health, in Helena.

Virologic diagnosis of congenital rubella is difficult to perform, and specimens for virus isolation are of limited value in the diagnosis and management of rubella syndrome infants. If such testing is required under certain circumstances, arrangements can be made for such testing through the Division of Disease Control and the Laboratory Division, Montana State Department of Health, Helena.